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826 ALSTON & BI BANK OF AME 101 SOUTH TR CHARLOTTE, 1	RICA PLAZA YON STREET, SU			Certific	cate of Mailing or Transi ee(s) Transmittal is being sufficient postage for firs op ISSUE FEE address (571) 273-2885, on the day		
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		TTORNEY DOCKET NO.	CONFIRMATION NO.	
10/533,188	09/28/2005		Richard John Payman		040857/291463	4571	
TITLE OF INVENTION: METHOD OF AND APPARATUS FOR TESTING FOR INTEGRATED CIRCUIT CONTACT DEFECTS							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FI	EE TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1440	\$300	\$0	\$1740	05/08/2008	
EXAMINER		ART UNIT	NIT CLASS-SUBCLASS				
ZHU, JOHN X 1. Change of correspondence address or indication		2858	324-761000				
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			or agents OR, alternative (2) the name of a single registered attorney or a 2 registered patent attolisted, no name will be	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Aeroflex International Limited, of							
Longacres House Hertfordshire, United Kingdom Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government							
4a. The following fee(s) are submitted:			A check is enclosed. Payment by credit car	 b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 16-0605 (enclose an extra copy of this form). 			
5. Change in Entity Status (from status indicated above) \[\begin{align*} 1.27 \text{ Brings SMALL ENTITY status. See 37 CFR 1.27.} \] \[\begin{align*} 1.27 \text{ Entity Status indicated above} 1.27 \text{ Entity Status. See 37 CFR 1.27.} \] \[\begin{align*} 1.27 \text{ Entity Status. See 37 CFR 1.27.} \] \[\begin{align*} 1.27 \text{ Entity Status. See 37 CFR 1.27.} \] \[\begin{align*} 1.27 \text{ Entity Status. See 37 CFR 1.27.} \] \[\begin{align*} 1.27 \text{ Entity Status. See 37 CFR 1.27.} \] \[\begin{align*} 1.27 \text{ Entity Status. See 37 CFR 1.27.} \] \[\begin{align*} 1.27 \text{ Entity Status. See 37 CFR 1.27.} \] \[\begin{align*} 1.27 \text{ Entity Status. See 37 CFR 1.27.} \] \[\begin{align*} 1.27 \text{ Entity Status. See 37 CFR 1.27.} \] \[\begin{align*} 1.27 \text{ Entity Status. See 37 CFR 1.27.} \] \[\begin{align*} 1.27 \text{ Entity Status. See 37 CFR 1.27.} \] \[\begin{align*} 1.27 \text{ Entity Status. See 37 CFR 1.27.} \] \[\begin{align*} 1.27 \text{ Entity Status. See 37 CFR 1.27.} \] \[\begin{align*} 1.27 \text{ Entity Status. See 37 CFR 1.27.} \] \[\begin{align*} 1.27 \text{ Entity Status. See 37 CFR 1.27.} \] \[\begin{align*} 1.27 \text{ Entity Status. See 37 CFR 1.27.} \] \[\begin{align*} 1.27 \text{ Entity Status. See 37 CFR 1.27.} \] \[\begin{align*} 1.27 \text{ Entity Status. See 37 CFR 1.27.} \] \[\begin{align*} 1.27 \text{ Entity Status. See 37 CFR 1.27.} \] \[\begin{align*} 1.27 \text{ Entity Status. See 37 CFR 1.27.} \] \[\begin{align*} 1.27 \text{ Entity Status. See 37 CFR 1.27.} \] \[\begin{align*} 1.27 \text{ Entity Status. See 37 CFR 1.27.} \] \[\begin{align*} 1.27 \text{ Entity Status. See 37 CFR 1.27.} \] \[\begin{align*}							
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Authorized Signature	Salve	186		Date <u>Apr</u>	il 28, 2008		
Typed or printed nam		. Hill, Jr.			40,646		
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.							